



## VEHICLE CHANGES APPLICATION

Service Name: \_\_\_\_\_ / \_\_\_\_\_  
(Legal Name) (Also Known As)

Address: \_\_\_\_\_ EMS Agency/License #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner/Operator: \_\_\_\_\_ Phone: \_\_\_\_\_

EMS Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ FAX: \_\_\_\_\_

### PLEASE LIST ANY VEHICLES WHICH YOU ARE ADDING OR REMOVING:

Please review WAC 246-976-260 through 340 to ensure your vehicles meet all requirements. WAC 246-976-300 requires all licensed vehicles to carry extrication equipment. A variance from this requirement may be requested, and if approved, the extrication equipment must be available within 10 minutes. To request a variance, indicate the **name** of the agency(s) providing extrication equipment below and enter 'Yes' next to the appropriate vehicles.

Name of agency providing extrication equipment: \_\_\_\_\_

Add / Remove	YEAR	MAKE AND MODEL	LICENSE PLATE NUMBER	ACTUAL ADDRESS OF VEHICLE (If Different From Above)	Choose One (✓)		STICKER NEEDED (Yes or No)	VARIANCE Extrication Equipment (Yes or No)
					AMB	AID		

Attach additional sheets as necessary, including all the required information.

*"I hereby affirm and declare that the information provided on this application is true and correct, and that our vehicles meet the minimum equipment requirements for the level of licensure currently held by our service."*

Person Completing Application \_\_\_\_\_ (Please Print)

\_\_\_\_\_ Date

Owner/Operator \_\_\_\_\_ (Signature & Title)

\_\_\_\_\_ Date

### DO NOT DUPLICATE

OEMTP / L&C, PO BOX 47853, OLYMPIA, WASHINGTON 98504-7853 / (360) 236-2845 / 1-800-458-5281, Ext. #1